

Complete Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Best time to Call: _____

I, knowing that false statements on this form are punishable by law, state the following:

Check one: I was the registered owner on the date I received the ticket.
 I am not the registered owner, but I parked the car on the date the ticket was issued.

I am protesting parking ticket number _____

I believe this ticket should not be filed with the court because: _____

I understand that I have a right to a trial on this parking ticket. I understand that if I do not pay this ticket through the violations bureau, the Court may assess additional fines and court costs of \$22.50. I further understand that if the Judge finds me guilty that the Judge will fine me as follows:

Violations of 14-443 (disabled parking)-a fine of not less than fifty dollars nor more than two hundred dollars.

All other parking violations—Punishable as provided in section 1-8 of the City of Columbia Code, except that a fine shall not be less than ten dollars if paid within fifteen days of the violation and not less than twenty-five dollars if paid more than fifteen days after the violation. Section 1-8 provides that violations are punishable by a fine up to \$500, or by imprisonment for not exceeding three months, or by both such fine and imprisonment.

Understanding all of this, I still wish to protest my ticket.

Signature

Date

Attach the following (if applicable):

copy of ticket copy of disabled tag/permit
 copy of parking permit Other: _____